

Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.									
ADDRESS	100 Sonneborn Lane	P	<b>400026</b>	66			003		Reporting Frequency:	Annually
	Petrolia, PA 16050	PERM	/IT NUI	MBER		OUTFA	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn								DMR Effective To:	December 31, 2019
LOCATION	Fairview Township			MONITO	RING P	ERIOD			Permit Expires:	December 31, 2019
	Butler County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	17-C				то				Check Here if No Discl	narge
RMS file: WQ/Sev	w/IW/ Tech Rpts								NOTE: Read Instructions be	fore completing this form

PARAMETER		QUAN	TITY OR LOADIN	IG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SA	MPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	Т	YPE
	SAMPLE MEASUREMENT		****		****	****	****					
Flow	PERMIT REQUIREMENT	Report Annl Avg	****	MGD	****	****	****	****		1/year	Es	timate
	SAMPLE MEASUREMENT	****	****		****		****					
pН	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	S.U.		1/year		Grab
	SAMPLE MEASUREMENT	****	****		****		****					
CBOD5	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	(	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year		Grab
•	SAMPLE MEASUREMENT	****	****		****		****					
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	15 Annl Avg	****	mg/L		1/year		Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Aluminum	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	(	Grab
	SAMPLE MEASUREMENT	****	****		****		****	_				
Total Iron	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	(	Grab
NAME/TITLE PRINCIPAL EX	KECUTIVE OFFICER	direction or supervision in that qualified personnel g Based on my inquiry of th or those persons directly	aw that this document was paccordance with a system ather and evaluate the information or persons who in responsible for gathering the system of the system	designed to assure rmation submitted. nanage the system ne information, the				TELI	EPHONE		DATE	
TYPED OR PR	RINTED	information submitted is, accurate and complete. for submitting false info	to the best of my knowledg am aware that there are s mation, including the poss violations. See 18 Pa. C.	ge and belief, true, ignificant penalties sibility of fine and		E OF PRINCIPAL R OR AUTHORIZE		AREA CODE	NUME	BER YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



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FACILITY	Sonneborn									DMR Effective To:	December 31, 2019
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	Butler County		YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	17-C					то				Check Here if No Disc	harge
RMS file: WQ/Se	ew/IW/ Tech Rpts	<u> </u>	•			=				NOTE: Read Instructions b	efore completing this form

PARAMETER		QUAN <sup>*</sup>	TITY OR LOADIN	1G	Q	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAI	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T\	/PE
	SAMPLE MEASUREMENT	****	****		****		****					
Total Manganese	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	rab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT							]				
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT							]				
NAME/TITLE PRINCIPAL E	E PRINCIPAL EXECUTIVE OFFICER  I certify under penalty of law that this document was prepared in certification or supervision in accordance with a system design that qualified personnel gather and evaluate the informatic Based on my inquiry of the person or person who manage accordance with the receivable for the standard of the second		designed to assure ormation submitted. nanage the system				TELI	EPHONE	<u> </u>	DATE		
		Based on my inquiry or the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and										
TYPED OR P	RINTED		violations. See 18 Pa. C.			E OF PRINCIPAL R OR AUTHORIZE		AREA CODE	NUME	BER YEAR	МО	DAY

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NAME	Sonneborn, Inc.					_					
ADDRESS	100 Sonneborn Lane		PA	00026	66			007		Reporting Frequency:	Semi-Annually
	Petrolia, PA 16050	- F	ERM	IIT NUN	ИBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn									DMR Effective To:	December 31, 2019
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RMS file: WQ/Sew/IW/ Tech	Rpts						NOT	E: Read Ins	tructions	s before co	ompleting	g this foi	rm
PARAMETER		QUAN	TITY OR LOADIN	١G	QI	UALITY OR CON	ICENTRATION		NO.	FREQU	ENCY	SAN	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANA	LYSIS	T١	YPE
	SAMPLE MEASUREMENT		****		****	****	****						
Flow	PERMIT REQUIREMENT	Report Avg Mo	****	MGD	****	****	****	****		1/6 mc	onths	Esti	imate
	SAMPLE MEASUREMENT	****	****		****		****						
рΗ	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	S.U.		1/6 mc	onths	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****						
CBOD5	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mc	onths	G	irab
	SAMPLE MEASUREMENT	****	****		****		****						
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mc	onths	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****						
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	15 Avg Mo	****	mg/L		1/6 mc	onths	G	irab
	SAMPLE MEASUREMENT	****	****		****		****						
Total Aluminum	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mc	onths	G	Grab
	SAMPLE MEASUREMENT	****	****		****	_	****						
Total Barium	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mc	onths	G	Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision in that qualified personnel g Based on my inquiry of th or those persons directly	aw that this document was accordance with a system ather and evaluate the info the person or persons who mesponsible for gathering the to the best of my knowledd.	designed to assure ormation submitted. nanage the system he information, the				TEL	EPHONE			DATE	
TYPED OR PR	RINTED	accurate and complete. I for submitting false infor	I am aware that there are s rmation, including the post g violations. See 18 Pa. C.	significant penalties sibility of fine and		E OF PRINCIPAL R OR AUTHORIZE		AREA CODE	NUME	BER '	YEAR	MO	DAY

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		0114	NITITY OD I	O A DINI	^		01141	ITV OD	CONICENT		DECLIENCY CAMBLE

PARAMETER		QUAN <sup>-</sup>	TITY OR LOADIN	IG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAI	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	****	****		****		****					
Total Iron	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Manganese	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL E	EXECUTIVE OFFICER	direction or supervision in that qualified personnel ga	aw that this document was paccordance with a system of ather and evaluate the info	designed to assure rmation submitted.				TELE	PHONE		DATE	
		or those persons directly information submitted is, to accurate and complete. I	e person or persons who mesponsible for gathering the to the best of my knowledge am aware that there are s	ne information, the ge and belief, true, ignificant penalties								
TYPED OR P	PRINTED	for submitting false informing imprisonment for knowing to unsworn falsification).	mation, including the poss violations. See 18 Pa. C.	sibility of fine and S. § 4904 (relating		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DAY

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	Petrolia, PA 16050	PER	MIT NU	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015	
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QUANTITY OR LOADING QUALITY OR CONCENTRATION **FREQUENCY** SAMPLE NO. **PARAMETER** VALUE UNITS VALUE VALUE UNITS EX OF ANALYSIS TYPE **VALUE** VALUE SAMPLE \*\*\*\* \*\*\*\* MEASUREMENT **PERMIT** Report Report REQUIREMENT \*\*\*\* Flow Avg Mo Daily Max MGD Continuous Recorded SAMPLE \*\*\*\* \*\*\*\* \*\*\*\* **MEASUREMENT PERMIT** 6.0 9.0 \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* рΗ REQUIREMENT Min Max S.U. 1/dav Grab SAMPLE **MEASUREMENT PERMIT** 5 Dissolved Oxygen REQUIREMENT \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* Min Grab mg/L 1/day **SAMPLE** \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* **MEASUREMENT** Temperature PERMIT 75 Jan 1-31 REQUIREMENT Daily Avg ٥F 1/day I-S SAMPLE \*\*\*\* MEASUREMENT Temperature **PERMIT** 75 Feb 1-29 REQUIREMENT \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* Daily Avg \*\*\*\* ٥F 1/dav I-S SAMPLE \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* **MEASUREMENT** Temperature **PERMIT** 81 Mar 1-31 REQUIREMENT \*\*\*\* Daily Avg ٥F I-S 1/day SAMPLE **MEASUREMENT** Temperature **PERMIT** 83 \*\*\*\* Apr 1-15 REQUIREMENT \*\*\*\* \*\*\*\* Daily Avg \*\*\*\* ٥F I-S 1/day I certify under penalty of law that this document was prepared under my **TELEPHONE** NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure DATE that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating SIGNATURE OF PRINCIPAL EXECUTIVE AREA to unsworn falsification). **NUMBER** TYPED OR PRINTED YEAR MO DAY OFFICER OR AUTHORIZED AGENT CODE



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WATERSHED 17-C		L			10			Check Here		ŭ		
RMS file: WQ/Sew/IW/ Te	ch Rpts	1								before completing		
PARAMETER		QUAN VALUE	TITY OR LOADIN VALUE	I UNITS	VALUE	UALITY OR CON VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS		MPLE YPE
	SAMPLE MEASUREMENT	****	****	UNITS	****	VALUE	****	UNITS	LX	OF ANALTSIS		<u> </u>
Temperature Apr 16-30	PERMIT REQUIREMENT	****	****	****	****	97 Daily Avg	****	٥F		1/day	I	I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature May 1-15	PERMIT REQUIREMENT	****	****	****	****	89 Daily Avg	****	٥F		1/day	ı	I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature May 16-31	PERMIT REQUIREMENT	****	****	****	****	108 Daily Avg	****	٥F		1/day	ı	I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Jun 1-15	PERMIT REQUIREMENT	****	****	****	****	104 Daily Avg	****	٥F		1/day	ı	I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Jun 16-30	PERMIT REQUIREMENT	****	****	****	****	106 Daily Avg	****	٥F		1/week	ı	I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Jul 1-31	PERMIT REQUIREMENT	****	****	****	****	98 Daily Avg	****	٥F		1/day	ı	I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Aug 1-31	PERMIT REQUIREMENT	****	****	****	****	94 Daily Avg	****	٥F		1/day	ı	I-S
NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER	direction or supervision in that qualified personnel g Based on my inquiry of th or those persons directly information submitted is,	aw that this document was accordance with a system ather and evaluate the informather of the person or persons who in responsible for gathering to the best of my knowled am aware that there are s	designed to assure ormation submitted. nanage the system he information, the ge and belief, true,				TELE	PHONE		DATE	
TYPED OR I	PRINTED	for submitting false info	rmation, including the pos- g violations. See 18 Pa. C.	sibility of fine and		E OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DA

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PARAMETER			TITY OR LOADIN			JALITY OR CON	CENTRATION		NO.	FREQUENCY		MPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Sep 1-15	PERMIT REQUIREMENT	****	****	****	****	95 Daily Avg	****	٥F		1/day		I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Sep 16-30	PERMIT REQUIREMENT	****	****	****	****	86 Daily Avg	****	٥F		1/day		I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Oct 1-15	PERMIT REQUIREMENT	****	****	****	****	84 Daily Avg	****	٥F		1/day		I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Oct 16-31	PERMIT REQUIREMENT	****	****	****	****	80 Daily Avg	****	٥F		1/day		I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Nov 1-15	PERMIT REQUIREMENT	****	****	****	****	80 Daily Avg	****	٥F		1/day		I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Nov 16-30	PERMIT REQUIREMENT	****	****	****	****	75 Daily Avg	****	٥F		1/day		I-S
	SAMPLE MEASUREMENT	****	****		****		****					
Temperature Dec 1-31	PERMIT REQUIREMENT	****	****	****	****	77 Daily Avg	****	٥F		1/day		I-S
NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER	direction or supervision in	aw that this document was accordance with a system ather and evaluate the info	designed to assure				TELE	PHONE		DATE	
		Based on my inquiry of the or those persons directly information submitted is, accurate and complete.	ne person or persons who no responsible for gathering to to the best of my knowledd am aware that there are somation, including the pos-	nanage the system he information, the ge and belief, true, ignificant penalties								
TYPED OR F	PRINTED	imprisonment for knowing to unsworn falsification).	g violations. See 18 Pa. C.	S. § 4904 (relating		E OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	МО	DAY

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NOTE: Read Instructions before completing this form RIVIS file: VVQ/SeW/IVV/ Tech Rpts QUANTITY OR LOADING QUALITY OR CONCENTRATION **FREQUENCY** SAMPLE **PARAMETER** VALUE VALUE UNITS VALUE VALUE VALUE UNITS EX OF ANALYSIS TYPE SAMPLE \*\*\*\* MEASUREMENT CBOD5 PERMIT 46 91 13 26 24-Hr May 1 - Oct 31 REQUIREMENT Avg Mo Daily Max lbs/dav \*\*\*\* Avg Mo Daily Max mg/L 1/week Composite SAMPLE **MEASUREMENT** CBOD5 91 182 52 **PERMIT** 26 24-Hr Nov 1 - Apr 30 REQUIREMENT Avg Mo Daily Max \*\*\*\* Daily Max Composite lbs/day Avg Mo mg/L 1/week SAMPLE \*\*\*\* **MEASUREMENT** PERMIT 175 350 50 150 24-Hr **Total Suspended Solids** REQUIREMENT Avg Mo Daily Max \*\*\*\* Avg Mo Daily Max lbs/day mg/L 1/week Composite SAMPLE \*\*\*\* **MEASUREMENT** 105 **PERMIT** 52 15 3 Grabs/24 REQUIREMENT \*\*\*\* Oil and Grease Avg Mo Daily Max lbs/day Avg Mo Daily Max 1/week Hours mq/L SAMPLE \*\*\*\* \*\*\*\* \*\*\*\* **MEASUREMENT** Fecal Coliform 200 CFU/ **PERMIT** \*\*\*\* May 1 - Sep 30 REQUIREMENT \*\*\*\* 100 ml Geo Mean 1/week Grab SAMPLE MEASUREMENT Fecal Coliform PERMIT 2,000 CFU/ Oct 1 - Apr 30 REQUIREMENT \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* Geo Mean 100 ml 1/week Grab SAMPLE \*\*\*\* **MEASUREMENT** Ammonia-Nitrogen **PERMIT** 4.6 9.1 1.3 2.6 24-Hr May 1 - Oct 31 REQUIREMENT Daily Max Ava Mo Daily Max lbs/dav Avg Mo mg/L 1/week Composite I certify under penalty of law that this document was prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure **TELEPHONE** DATE that qualified personnel gather and evaluate the information submitted Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true. accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and SIGNATURE OF PRINCIPAL EXECUTIVE imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating AREA TYPED OR PRINTED to unsworn falsification). NUMBER YEAR MO DAY OFFICER OR AUTHORIZED AGENT CODE

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT				****							
Ammonia-Nitrogen Nov 1 - Apr 30	PERMIT REQUIREMENT	13.7 Avg Mo	27.3 Daily Max	lbs/day	****	3.9 Avg Mo	7.8 Daily Max	mg/L		1/week		4-Hr nposite
	SAMPLE MEASUREMENT				****							
Fotal Aluminum	PERMIT REQUIREMENT	2.3 Avg Mo	4.6 Daily Max	lbs/day	****	0.58 Avg Mo	1.16 Daily Max	mg/L		1/month		4-Hr nposite
	SAMPLE MEASUREMENT		,		****							
Total Iron	PERMIT REQUIREMENT	5.2 Avg Mo	10.3 Daily Max	lbs/day	****	1.3 Avg Mo	2.6 Daily Max	mg/L		1/month		4-Hr iposite
	SAMPLE MEASUREMENT				****							
Total Manganese	PERMIT REQUIREMENT	4.0 Avg Mo	8.0 Daily Max	lbs/day	****	1.0 Avg Mo	2.0 Daily Max	mg/L		1/month		4-Hr nposite
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER	direction or supervision in that qualified personnel g Based on my inquiry of th or those persons directly	aw that this document was accordance with a system ather and evaluate the informe person or persons who makes the information of the person or persons who makes the information of the person or persons who makes the information of the person of the information	designed to assure rmation submitted. nanage the system he information, the				TELI	EPHONE		DATE	
		accurate and complete. for submitting false info	to the best of my knowledge am aware that there are s rmation, including the post y violations. See 18 Pa. C.	ignificant penalties sibility of fine and	SIGNATURE	OF PRINCIPAL	EXECUTIVE					
TYPED OR I	PRINTED	to unsworn falsification).		. , ,		OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DA

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

PAGE 5 OF 5



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.									
ADDRESS	100 Sonneborn Lane	 P	A00026	66			010		Reporting Frequency:	Quarterly
	Petrolia, PA 16050	PERM	AIT NUI	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn								DMR Effective To:	December 31, 2019
LOCATION	Fairview Township			MONITO	RING F	PERIOD			Permit Expires:	December 31, 2019
	Butler County	 YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	17-C				то				Check Here if No Disc	charge
RMS file: WQ/Se	ew/IW/ Tech Rots				_				NOTE: Read Instructions b	efore completing this form

PARAMETER			TITY OR LOADIN	IG	QI	JALITY OR CON	ICENTRATION		NO.	FREQUENCY		MPLE
FARAIVILTER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT		****		****		****					
Total Dissolved Solids	PERMIT REQUIREMENT	Report Avg Qrtly	****	lbs/day	****	Report Avg Qrtly	****	mg/L		1/quarter	_	4-Hr nposite
	SAMPLE MEASUREMENT		****		****		****					
Chloride	PERMIT REQUIREMENT	Report Avg Qrtly	****	lbs/day	****	Report Avg Qrtly	****	mg/L		1/quarter	_	4-Hr nposite
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT								_			
NAME/TITLE PRINCIPAL E	EXECUTIVE OFFICER	direction or supervision in that qualified personnel g	aw that this document was paccordance with a system ather and evaluate the info	designed to assure rmation submitted.				TELI	EPHONE	Ē	DATE	
		or those persons directly information submitted is, accurate and complete.	am aware that there are s	he information, the ge and belief, true, ignificant penalties								
TYPED OR P	RINTED	for submitting false infor	mation, including the poss violations. See 18 Pa. C.	sibility of fine and		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	24 Com	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT**

				NATIO	NAL POI	LLUTANT DIS	CHARGI	E ELIMIN	NATION S	YSTEM (I	NPDES	)		Facilit	y Type: MAJOR	<u> </u>
PERMITTEE N	AME/ADDR	ESS			DISCH	HARGE MC	NITOF	RING R	EPORT	(DMR)	)					
NAME	Sonnebor	n, Inc.														
ADDRESS	100 Sonn	eborn Lane		P.	A00026	66			010	)		Repo	orting Freque	ency:	Annually	
	Petrolia, F	PA 16050		PERI	NIT NUI	MBER		OÚ.	TFALL N	NUMBER	₹	DMF	R Effective Fr	om:	January 1, 2	015
FACILITY	Sonnebor	n										DMR	Effective To	):	December 3	1, 2019
LOCATION	Fairview 1	Township				MONITO	RING P	ERIOD				Pern	nit Expires:		December 3	1, 2019
	Butler Co	unty		YEAR	МО	DAY		YEAF	R MC	) DA	·Υ	Perm	nit Application	n Due:	July 4, 2019	
WATERSHED	17-C						то						Check Here	if No D	ischarge	
RMS file: WQ/Se	ew/IW/ Tech	Rpts										NOT	E: Read Inst	ructions	before completing	g this form
PARAME	TER		QUAN VALUE	ITITY OR L		G UNITS	VAL	QI LUE	JALITY ( VAL		_	RATION LUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		SAMPLE MEASUREMENT		***	**		***	***			*:	***				
Sulfate		PERMIT REQUIREMENT	Report Annual Avg	***	**	lbs/day	***	***	Rep Annua		*:	****	mg/L		1/year	24-Hr Composite
		SAMPLE MEASUREMENT	J	***	**	•	***	***		J	*1	****	J		•	·
Bromide		PERMIT REQUIREMENT	Report Annual Avg	****	*	lbs/day	***	***	Rep Annua	oort al Avg	*1	****	mg/L		1/year	24-Hr Composite
		SAMPLE MEASUREMENT														
		PERMIT REQUIREMENT														
		SAMPLE MEASUREMENT														
		PERMIT REQUIREMENT														
·		SAMPLE											_			

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure **TELEPHONE** NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and SIGNATURE OF PRINCIPAL EXECUTIVE imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating AREA TYPED OR PRINTED to unsworn falsification). NUMBER YEAR MO DAY OFFICER OR AUTHORIZED AGENT CODE

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

MEASUREMENT **PERMIT** REQUIREMENT SAMPLE **MEASUREMENT PERMIT** REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT

PAGE 1 OF 1

NAME Sonneborn, Inc.



17-C

WATERSHED

### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

TO

YEAR

PERMITTEE	NAME/ADDRESS			DISCH	IARGE MC	NITOF	RING R
ADDRESS	100 Sonneborn Lane		P	<b>400026</b>	66		
	Petrolia, PA 16050		PERM	/IT NUI	MBER		OU
FACILITY	Sonneborn						
LOCATION	Fairview Township				MONITO	RING P	ERIOD
	Butler County	<del></del>	YEAR	МО	DAY		YEAF

021 **OUTFALL NUMBER** 

MO

DAY

Reporting Frequency: Semi-Annually DMR Effective From: January 1, 2015 DMR Effective To: December 31, 2019 Permit Expires: December 31, 2019

Facility Type: MAJOR

Permit Application Due: July 4, 2019

Check Here if No Discharge NOTE: Read Instructions before completing this form

RMS file: WQ/Sew/IW/ Tech	n Rpts						NOT	E: Read Ins	tructions	s before completin	g this fo	rm
PARAMETER			TITY OR LOADIN	lG	QI	JALITY OR CON	ICENTRATION		NO.	FREQUENCY		MPLE
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT		****		****	****	****					
Flow	PERMIT REQUIREMENT	Report Avg Mo	****	MGD	****	****	****	****		1/6 months	Est	timate
	SAMPLE MEASUREMENT	****	****		****		****					
рН	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	S.U.		1/6 months	G	erab
	SAMPLE MEASUREMENT	****	****		****		****					
CBOD5	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	erab
	SAMPLE MEASUREMENT	****	****		****		****					
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	15 Avg Mo	****	mg/L		1/6 months	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Aluminum	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Iron	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	Grab
NAME/TITLE PRINCIPAL E	XECUTIVE OFFICER	direction or supervision in that qualified personnel g	aw that this document was paccordance with a system ather and evaluate the info	designed to assure ormation submitted.				TELE	EPHONE		DATE	
		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	ne person or persons who no responsible for gathering to to the best of my knowledge am aware that there are s	nanage the system he information, the ge and belief, true, ignificant penalties								
TYPED OR PE	RINTED	for submitting false infor imprisonment for knowing to unsworn falsification).	mation, including the post violations. See 18 Pa. C.	sibility of fine and S. § 4904 (relating		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.										
ADDRESS	100 Sonneborn Lane		P/	400026	66			021		Reporting Frequency:	Semi-Annually
	Petrolia, PA 16050		PERM	/IT NUI	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn									DMR Effective To:	December 31, 2019
LOCATION	Fairview Township				MONITO	RING P	ERIOD			Permit Expires:	December 31, 2019
	Butler County		YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	17-C					то				Check Here if No Disc	harge
RMS file: WQ/Se	ew/IW/ Tech Rpts	<u>_</u>				-				NOTE: Read Instructions be	efore completing this form

PARAMETER		QUAN'	TITY OR LOADIN	lG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAI	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T'	YPE
	SAMPLE MEASUREMENT	****	****		****		****					
Total Manganese	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER	direction or supervision in that qualified personnel g	aw that this document was paccordance with a system ather and evaluate the info	designed to assure rmation submitted.	_			TEL	EPHON	Ξ	DATE	
		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	e person or persons who n responsible for gathering the to the best of my knowledge am aware that there are s	nanage the system he information, the ge and belief, true, ignificant penalties								
TYPED OR I	PRINTED		mation, including the post violations. See 18 Pa. C.			OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUMI	BER YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.									
ADDRESS	100 Sonneborn Lane	P/	A00026	66			022		Reporting Frequency:	Annually
	Petrolia, PA 16050	PERM	IIT NUN	/IBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn								DMR Effective To:	December 31, 2019
LOCATION	Fairview Township			MONITO	RING P	ERIOD			Permit Expires:	December 31, 2019
	Butler County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	17-C				то				Check Here if No Disc	charge
RMS file: WQ/Se	ew/IW/ Tech Rpts				=			_	NOTE: Read Instructions b	efore completing this form

RMS file: WQ/Sew/IW/ Tech	n Rpts						NOT	E: Read Inst	tructions	s before completing	ng this fo	rm
PARAMETER			TITY OR LOADIN	IG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY		MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T`	YPE
	SAMPLE MEASUREMENT		****		****	****	****					
Flow	PERMIT REQUIREMENT	Report Annl Avg	****	MGD	****	****	****	****		1/year	Est	timate
	SAMPLE MEASUREMENT	****	****		****		****			•		
pН	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	S.U.		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
CBOD5	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
·	SAMPLE MEASUREMENT	****	****		****		****					
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	15 Annl Avg	****	mg/L		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Aluminum	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Iron	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
NAME/TITLE PRINCIPAL EX	XECUTIVE OFFICER	direction or supervision in	aw that this document was paccordance with a system ather and evaluate the info	designed to assure				TELE	PHONE		DATE	
		Based on my inquiry of the or those persons directly information submitted is, accurate and complete.	ne person or persons who not responsible for gathering the to the best of my knowled am aware that there are sometion, including the possible.	nanage the system ne information, the ge and belief, true, ignificant penalties								
TYPED OR PF	RINTED	imprisonment for knowing to unsworn falsification).	violations. See 18 Pa. C.	S. § 4904 (relating		OF PRINCIPAL I OR AUTHORIZE		AREA CODE	NUME	BER YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.				_					
ADDRESS	100 Sonneborn Lane	P	400026	66			022		Reporting Frequency:	Annually
	Petrolia, PA 16050	 PERI	/IT NUI	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn								DMR Effective To:	December 31, 2019
LOCATION	Fairview Township			MONITO	RING P	ERIOD			Permit Expires:	December 31, 2019
	Butler County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	_17-C				то				Check Here if No Disc	harge
RMS file: WQ/Se	w/IW/ Tech Rpts								NOTE: Read Instructions be	efore completing this form

PARAMETER			TITY OR LOADIN			JALITY OR CON				FREQUENCY	_	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T١	YPE
	SAMPLE MEASUREMENT	****	****		****		****					
Total Manganese	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
-	SAMPLE MEASUREMENT									•		
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER	direction or supervision in that qualified personnel g	aw that this document was paccordance with a system of ather and evaluate the info	designed to assure rmation submitted.				TELE	EPHONE		DATE	
		or those persons directly information submitted is, accurate and complete. I	e person or persons who me responsible for gathering the to the best of my knowledge am aware that there are s	ne information, the le and belief, true, ignificant penalties								
TYPED OR F	PRINTED	for submitting false infor imprisonment for knowing to unsworn falsification).	mation, including the poss violations. See 18 Pa. C.	sibility of fine and S. § 4904 (relating		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUMBI	ER YEAR	МО	DA

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.				_					
ADDRESS	100 Sonneborn Lane	 P	A00026	66			023		Reporting Frequency:	Semi-Annually
	Petrolia, PA 16050	 PERM	AIT NUI	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn								DMR Effective To:	December 31, 2019
LOCATION	Fairview Township			MONITO	RING F	PERIOD			Permit Expires:	December 31, 2019
	Butler County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	_17-C				то				Check Here if No Disc	charge
RMS file: WQ/Se	ew/IW/ Tech Rpts								NOTE: Read Instructions b	efore completing this form

PARAMETER		QUAN	TITY OR LOADIN	IG	QI	JALITY OR CON	ICENTRATION		NO.	FREQUE	NCY	SAI	MPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANAL'	YSIS	T\	YPE
	SAMPLE MEASUREMENT		****		****	****	****						
Flow	PERMIT REQUIREMENT	Report Avg Mo	****	MGD	****	****	****	****		1/6 mon	ths	Est	imate
	SAMPLE MEASUREMENT	****	****		****		****						
pН	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	S.U.		1/6 mon	ths	G	Brab
	SAMPLE MEASUREMENT	****	****		****		****						
CBOD5	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mon	ths	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****						
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mon	ths	G	Brab
	SAMPLE MEASUREMENT	****	****		****		****						
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	15 Avg Mo	****	mg/L		1/6 mon	ths	G	Brab
	SAMPLE MEASUREMENT	****	****		****		****						
Total Aluminum	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mon	ths	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****						
Total Iron	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 mon	ths	G	Grab
NAME/TITLE PRINCIPAL EX	KECUTIVE OFFICER	direction or supervision in	aw that this document was paccordance with a system ather and evaluate the info	designed to assure				TELE	PHON	Ē		DATE	
		Based on my inquiry of the or those persons directly information submitted is, accurate and complete.	ne person or persons who not responsible for gathering the to the best of my knowled am aware that there are sometion, including the possible.	nanage the system ne information, the ge and belief, true, ignificant penalties									
TYPED OR PR	RINTED	imprisonment for knowing to unsworn falsification).	violations. See 18 Pa. C.	S. § 4904 (relating		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUM	BER YE	EAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.									
ADDRESS	100 Sonneborn Lane	P	400026	66			023		Reporting Frequency:	Semi-Annually
	Petrolia, PA 16050	 PERM	/IT NUI	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn								DMR Effective To:	December 31, 2019
LOCATION	Fairview Township			MONITO	RING P	ERIOD			Permit Expires:	December 31, 2019
	Butler County	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	17-C				то				Check Here if No Disc	charge
RMS file: WQ/Se	w/IW/ Tech Rpts				_				NOTE: Read Instructions be	efore completing this form

RMS file: WQ/Sew/IW/ Tec	h Rpts						NOT	E: Read Ins	tructions	before completin	g this for	rm
PARAMETER		QUAN <sup>-</sup>	TITY OR LOADIN	IG	QI	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAN	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T١	YPE
	SAMPLE MEASUREMENT	****	****		****		****					
Total Manganese	PERMIT REQUIREMENT	****	****	****	****	Report Avg Mo	****	mg/L		1/6 months	G	Grab
-	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL E	XECUTIVE OFFICER	direction or supervision in that qualified personnel ga	aw that this document was paccordance with a system of ather and evaluate the info	designed to assure rmation submitted.				TEL	PHONE		DATE	
		or those persons directly information submitted is, t accurate and complete. I	to the best of my knowledge am aware that there are s	ne information, the ge and belief, true, ignificant penalties								
TYPED OR P	RINTED	for submitting false infon imprisonment for knowing to unsworn falsification).	mation, including the poss violations. See 18 Pa. C.	sibility of fine and S. § 4904 (relating		OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUME	BER YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.				_		DMR Effective From: January  DMR Effective To: Decemble Permit Expires: Decemble Decemble Permit Application Due: July 4, 2  Check Here if No Discharge			
ADDRESS	100 Sonneborn Lane	P/	A00026	66			024		Reporting Frequency:	Annually
	Petrolia, PA 16050	PERM	1IT NUN	/IBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
FACILITY	Sonneborn								DMR Effective To:	December 31, 2019
LOCATION	Fairview Township			MONITO	RING P	ERIOD			Permit Expires:	December 31, 2019
	Butler County	 YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
WATERSHED	17-C				то				Check Here if No Disc	charge
RMS file: WQ/Se	ew/IW/ Tech Rots				=				NOTE: Read Instructions by	efore completing this form

PARAMETER		QUAN'	TITY OR LOADIN	1G	QI	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAI	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T	YPE
	SAMPLE MEASUREMENT		****		****	****	****					
Flow	PERMIT REQUIREMENT	Report Annl Avg	****	MGD	****	****	****	****		1/year	Est	timate
	SAMPLE MEASUREMENT	****	****		****		****					
рН	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	S.U.		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
CBOD5	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	erab
	SAMPLE MEASUREMENT	****	****		****		****					
Oil and Grease	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Aluminum	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
	SAMPLE MEASUREMENT	****	****		****		****					
Total Iron	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	- Grab
NAME/TITLE PRINCIPAL EX	XECUTIVE OFFICER	direction or supervision in that qualified personnel q	aw that this document was accordance with a system ather and evaluate the info	designed to assure ermation submitted.				TELE	PHON	E	DATE	
		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	ne person or persons who ne responsible for gathering to to the best of my knowled am aware that there are s	nanage the system he information, the ge and belief, true, ignificant penalties								
TYPED OR PF	RINTED		mation, including the post violations. See 18 Pa. C.			OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUM	BER YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

Inc.									
orn Lane	P/	A00026	66			024		Reporting Frequency:	Annually
16050	PERM	1IT NUN	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015
								DMR Effective To:	December 31, 2019
wnship			MONITO	RING P	ERIOD			Permit Expires:	December 31, 2019
ty	YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019
				то				Check Here if No Disch	narge
ots								NOTE: Read Instructions be	, ,
	orn Lane 16050  wnship ty ots	orn Lane PA 16050  PERM wnship ty  YEAR	pA00026 16050 PERMIT NUM wnship ty YEAR MO	pA0002666 16050 PERMIT NUMBER  wnship  year MO DAY	PA0002666 PERMIT NUMBER  MONITORING P  YEAR MO DAY  To  ots	PA0002666 PERMIT NUMBER  OUTFA  Whiship  Whith the state of the state	PA0002666 PERMIT NUMBER  OUTFALL NU  MONITORING PERIOD  YEAR MO DAY TO  TO  TO  TO  TO  TO  TO  TO  TO  TO	PA0002666 PERMIT NUMBER  OUTFALL NUMBER  Winship  YEAR MO DAY TO YEAR MO DAY TO DAY  T	PA0002666  16050  PERMIT NUMBER  OUTFALL NUMBER  DMR Effective From:  DMR Effective To:  Permit Expires:  Permit Application Due:  To  OUTFALL NUMBER  NOTE: Read Instructions be

PARAMETER		QUAN <sup>*</sup>	TITY OR LOADIN	IG	QI	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAI	MPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T`	YPE
	SAMPLE MEASUREMENT	****	****		****		****					
Total Manganese	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL E	EXECUTIVE OFFICER	direction or supervision in that qualified personnel ga	aw that this document was p accordance with a system of ather and evaluate the info	designed to assure rmation submitted.				TELI	EPHONI		DATE	
		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	e person or persons who me responsible for gathering the to the best of my knowledge am aware that there are s	nanage the system ne information, the ge and belief, true, ignificant penalties								
TYPED OR F	PRINTED		mation, including the possiviolations. See 18 Pa. C.			E OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUM	BER YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

PERMITTEE NAME/ADDRESS
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NAME	Sonneborn, Inc.											
ADDRESS	100 Sonneborn Lane	PA0002666 PERMIT NUMBER			025			Reporting Frequency:	Annually			
	Petrolia, PA 16050					OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015		
FACILITY	Sonneborn									DMR Effective To:	December 31, 2019	
LOCATION	Fairview Township		MONITORING PERIOD							Permit Expires:	December 31, 2019	
	Butler County		YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019	
WATERSHED	ATERSHED 17-C					то				Check Here if No Discharge		
RMS file: WQ/Se	w/IW/ Tech Rots					='				NOTE: Read Instructions b	efore completing this form	

PARAMETER			TITY OR LOADIN	IG	QI		NO.	FREQUENCY	SAMPLE			
FARAIVILTER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T\	YPE
	SAMPLE MEASUREMENT		****		****	****	****					
Flow	PERMIT REQUIREMENT	Report Annl Avg	****	MGD	****	****	****	****		1/year	Est	timate
	SAMPLE MEASUREMENT	****	****		****		****					
рН	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	S.U.		1/year	G	erab
	SAMPLE MEASUREMENT	****	****		****		****			·		
CBOD5	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	∂rab
	SAMPLE MEASUREMENT	****	****		****		****			-		
Total Suspended Solids	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	erab
•	SAMPLE MEASUREMENT	****	****		****		****			·		
Oil and Grease	PERMIT REQUIREMENT ***** ***** Anni Avg			****	mg/L		1/year	Grab				
	SAMPLE MEASUREMENT	****	****		****		****					
Total Aluminum	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	Grab	
	SAMPLE MEASUREMENT	****	****		****		****					
Total Iron	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	erab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.				TELEPHON		IE DA				
		Based on my inquiry of th or those persons directly information submitted is, accurate and complete. I	ne person or persons who no responsible for gathering to to the best of my knowled am aware that there are s	nanage the system the information, the ge and belief, true, ignificant penalties								
TYPED OR PRINTED		for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).			SIGNATURE OFFICER	AREA CODE	NUME	BER YEAR	МО	DAY		

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



Facility Type: MAJOR

### PERMITTEE NAME/ADDRESS

NAME	Sonneborn, Inc.												
ADDRESS	100 Sonneborn Lane		PA0002666				025			Reporting Frequency:	Annually		
	Petrolia, PA 16050		PERM	IUN TIN	MBER		OUTF	ALL NU	MBER	DMR Effective From:	January 1, 2015		
FACILITY	Sonneborn									DMR Effective To:	December 31, 2019		
LOCATION	Fairview Township		MONITORING PERIOD						Permit Expires:	December 31, 2019			
	Butler County		YEAR	МО	DAY		YEAR	МО	DAY	Permit Application Due:	July 4, 2019		
WATERSHED	17-C		то							Check Here if No Discharge			
RMS file: WQ/Se	w/IW/ Tech Rpts	<u>-</u>		•	•	-	•		•	NOTE: Read Instructions be	efore completing this form		

PARAMETER		QUANTITY OR LOADING			QI	JALITY OR CON	ICENTRATION			FREQUENCY	SAMPL	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	T١	YPE
	SAMPLE MEASUREMENT	****	****		****		****					
Total Manganese	PERMIT REQUIREMENT	****	****	****	****	Report Annl Avg	****	mg/L		1/year	G	irab
-	SAMPLE MEASUREMENT									-		
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted.				TELEPHONE			DATE			
		or those persons directly information submitted is, accurate and complete. I	e person or persons who n responsible for gathering the to the best of my knowledge am aware that there are s	he information, the ge and belief, true, ignificant penalties								
TYPED OR PRINTED		for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).			SIGNATURE OFFICER	AREA CODE	NUMBI	ER YEAR	МО	DA		

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

### INSTRUCTIONS FOR COMPLETING DISCHARGE MONITORING REPORTS (DMRs)

### General

One or more Discharge Monitoring Reports (DMRs) are attached to your permit for reporting the results of self-monitoring activities as required by your permit. You should make copies of the DMRs for your ongoing use, unless you elect to participate in the Department of Environmental Protection's (DEP's) electronic DMR (eDMR) program (see <a href="https://www.dep.state.pa.us/edmr">www.dep.state.pa.us/edmr</a>).

- Reporting frequencies will vary depending on the monitoring frequencies listed in your permit, and are generally monthly, quarterly semi-annually and annually.
- Your reports must be <u>received</u> by DEP on the 28<sup>th</sup> day of the month following the end of the reporting period, unless otherwise specified in Part C of your permit.
- Your permit may require submission of DMRs to other agencies, including the U.S. Environmental Protection Agency (EPA).
- If you receive DMRs in the mail from EPA, please discontinue use of DMR Form No. 3800-FM-BPNPSM0462 and begin using EPA's DMRs.
- DMRs will generally include pre-populated information for permittee name and address, facility location, permit number, outfall number, permit expiration date, parameter names, and permit requirements. If you identify any errors on a DMR issued by DEP, please contact the DEP regional office that issued your permit. If you identify any errors on a DMR issued by EPA, please contact DEP's Central Office at 717-787-6744.
- You may use computer-generated replicas of Form No. 3800-FM-BPNPSM0462 or of EPA's DMR if you receive prior approval from DEP and EPA.

### Instructions

- Enter statistical results into each blank field below the "VALUE" column headers. Results must be reported in the same units shown on the DMR.
- Sum the total number of excursions or exceedances of permit limits across the row for each parameter and enter
  the value into the "NO. EX" field. For example, if the permit contains limits of 6.0 S.U. (Minimum) and 9.0 S.U.
  (Maximum) for pH, and the Minimum and Maximum results are 5.9 S.U. and 9.1 S.U., respectively, enter "2" into
  the "NO. EX" field.
- 3. Report the actual sampling frequency and sample type utilized during the reporting period in the fields corresponding to "Frequency of Analysis" and "Sample Type", respectively.
- 4. Type the name of the principal executive officer (or an authorized agent designated by a principal executive officer) who is taking responsibility for the report, sign the report (should be in ink), enter the telephone number of the responsible individual, and record the date that the report was signed. Mail only original, signed copies of DMRs.
- 5. In the Comments section at the bottom of the DMR, you may write a brief summary of violations in this section; however, DEP requests that <u>all</u> violations during the monitoring period be reported in more detail on DEP's **Non-Compliance Reporting Form** (3800-FM-BPNPSM0440) and be submitted as an attachment to the DMR. Other uses of the Comments Section include explanations of attachments to the DMR, explanations for the unavailability of data, and brief summaries of issues that have affected operations or effluent quality during the monitoring period. Always consider attaching a letter or separate document to explain your situation in more detail.

### No Discharge or No Data Available

If there was <u>no discharge at all from an outfall</u> during the monitoring period, check the "No Discharge" box on the top of the DMR. Complete the information above and below the table and mail the DMR to the appropriate agencies. Be sure to sign and date the DMR.

If there was no discharge of a specific parameter (e.g., if a chlorine limit is in the permit but chlorine was not used for disinfection during the entire reporting period), or if data are not available for a specific parameter for the entire reporting period, do not leave the DMR blank. Instead, report one of the following No Data Indicator (NODI) codes that apply to your situation in the appropriate value field, and **provide an explanation as an attachment to the DMR**:

- A Use if you are exempted from monitoring the parameter because of a General Permit condition.
- **E** Use if <u>all samples or results</u> are not available for the reporting period due to equipment failure or because sample collection was overlooked or samples could not be collected for the parameter.
- **GG** Use if your permit requires sample collection and analysis only under certain conditions and those conditions were not met during the reporting period (e.g., report chlorine results only when chlorination system is used).
- FF Other: use if there is any reason for the absence of data that is not covered by those above.

If you have at least one result for a parameter, the value should be reported and not a NODI code.

### **Calculations**

The following explains how to calculate statistical values that are commonly required by permits:

**Monthly Average** – For Loading (lbs/day), sum the total of daily loadings and divide by the number of samples during the month. To calculate the daily loading, multiply the daily concentration (mg/l) by the flow (MGD) on the date of sampling and a conversion factor of 8.34. For Concentration, sum the total of daily concentrations and divide by the number of samples.

**Weekly Average** – For Loading (lbs/day), sum the total of average daily loadings during each week of the reporting period (beginning on a Sunday and ending on a Saturday) and divide by the number of samples during the week. For Concentration, sum the total of daily concentrations each week and divide by the number of samples. Report the maximum weekly average on the DMR.

**Maximum Daily ("Daily Max")** – Report the maximum concentration or load measured during a 24-hour period during the reporting period; if multiple measurements are taken daily, include all data in the analysis.

**Instantaneous Maximum ("IMAX")** – Report the maximum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

**Instantaneous Minimum ("Minimum")** – Report the minimum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

**Total Monthly Load (lbs)** – Sum the total of average daily loadings, divide by the number of samples during the month, and multiply by the number of days in the month.

**Geometric Mean** – Report the average of a set of *n* sample results given by the *n*th root of their product. If any result is zero (0), substitute 1 for the calculation. For example, five samples were analyzed with the following results: 20, 300, 400, 500, and 0. The calculation of geometric mean is as follows (note that you will need to use the power function on a calculator):

$$\sqrt[5]{20 \cdot 300 \cdot 400 \cdot 500 \cdot 1} = \sqrt[5]{1,200,000,000} = (1,200,000,000)^{1/5} = 65$$

### **Non-Detect Data**

### **Conventional and Toxic Parameters**

For calculating average values of data sets in which there are some "detections" (results at or above the laboratory reporting limit) and some "non-detect" data (results reported below the laboratory reporting limit), use the reporting limit for non-detect data. In other words, ignore the less than (<) symbol for statistical calculations and include the < symbol with the statistical result if there is at least one non-detect result in the data set. For example, four samples were analyzed with the following results: < 1.0, 2.0, < 1.0, and 1.0. The average statistical result is < 1.3.

Where the permit includes an effluent limitation for a parameter that is less than the most sensitive detection limit available, and the laboratory reports a value at or below the lowest level specified by the permit, you may use zero (0) in the calculation in lieu of the reporting limit, if the parameter is identified in 25 Pa. Code Chapter 16, Appendix A, Tables 2A and 2B. In general, parameters with limitations that are less than the most sensitive detection limit will be identified in Part C of the permit, if applicable.

### **Bacteria Parameters**

Report all "non-detect" (e.g., < 2) and "too numerous to count" (TNTC) (e.g., > 2,000) results on DMR supplemental forms as reported by the laboratory. Do not report "TNTC" on supplemental forms, but instead report a value qualified with the">" symbol. Where a data set includes one or more "non-detect" and/or TNTC results, calculate the geometric mean by ignoring qualifying symbols, but report the value with the symbol. If a data set includes both ">" and "<" qualifiers, the ">" qualifier takes precedence for reporting. For all "non-detect" values, specify in the Comments section of the DMR the maximum volume filtered at the laboratory.

Example 1 – For results are determined, < 2, 10, 20, and 30. The geometric mean should be reported as <  $(2 \cdot 10 \cdot 20 \cdot 30)^{0.25} = < 10$ . Specify the maximum volume filtered for the < 2 result in the DMR Comments.

Example 2 – Three results are determined, < 2, 1,000, and > 2,000. The geometric mean should be reported as >  $(2 \cdot 1,000 \cdot 2,000^{0.333}) = 158$ .

### **Rounding and Precision**

Statistical values reported on the DMR should be rounded to the same number of decimal places as the limit for the parameter as set forth in the permit. If the permit does not contain a limit but requests monitoring only, statistical values for concentration results should be rounded to the maximum number of decimal places in the data set as reported by the laboratory or the instrument used for analysis. If mass loads must be reported and there is no limit, round statistical values to the nearest whole number, unless the calculated number is less than one, in which case the value should be rounded to one significant figure (e.g., 0.1, 0.05, etc.). If the number you are rounding is followed by 5, 6, 7, 8, or 9, round the number up, otherwise round down.

The documents "Discharge Monitoring Reports Overview and Summary" (3800-BK-DEP3047) and "Management of Non-Detect Results for Discharge Monitoring Reports" (3800-FS-DEP4262) contain more information and are incorporated by reference. These documents are available on DEP's website.